

Best Available Copy

POSITION	ID NO.	DATE
CLASSIFIER		
EXAMINER		143 S19
TYPIST	323/6-27	2-23-95 225
VERIFIER		277 2-27
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

INDEX OF CLAIMS

Claim	Final	Original	Date
1		✓	9/2/91
			11/3/15/08
2		✓	=
3		✓	=
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12		✓	=
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SYMBOLS

✓	Rejected
—	Allowed
— (Through number)	Canceled
+	Restricted
N	Non-elected
I	Interference
A	Appeal
O	Objected

Claim	Final	Original	Date
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